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AUTHOR	Davis, Dan W.; And Others
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ABSTRACT

Intended for administrators of First Chance projects, a federal network established to operate model preschool and early education programs for handicapped children, the guidelines present ways to encourage the replication of the model programs by local community agencies, in order to provide services for many more handicapped children. Discussed are five dimensions of the replication process: support agencies, referral agencies, advisory board, staff, and program planning. The dimensions are seen to vary in importance at each of the three developmental stages of the project's funding period. A program planning format suggested for replication activities is presented, and two case studies apply the format to the replication activities of specific projects. Fourteen principles are given to guide project staff in the implementation of replication strategy, among which are early involvement with key community people and political awareness. An appendix lists approximately 30 publications recommended for funding and information sources. The listings usually include title, date of publication, source, price, and annotation. (DB)

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PREFACE

The following guidelines are the outcome of a conference held in Chapel Hill, North Carolina, in June, 1972, to discuss the replication of First Chance projects. The purpose of the conference was to draw upon the experiences of project directors who have addressed the area of replication. Their experiences revealed some identifiable dimensions in replication which may be important to other project staff throughout the three-year funding period. Project staff who participated in the conference were: Mary M. Wood, Rutland Center, Athens, Georgia; Una A. Haynes, United Cerebral Palsy, New York, New York; Vivienne Jacobson, School City of Gary, Gary, Indiana; Robert R. DeVoid, Winston-Prouty Center, Brattleboro, Vermont; David and Marsha Shearer, Cooperative Education Service, Portage, Wisconsin. Other participants included the following consultants: J. R. Newbrough, Center for Community Studies, George Peabody College, Nashville, Tennessee; Donald K. Erickson, Educational Research Information Center (ERIC), Council for Exceptional Children, Washington, D.C.; Mason Thomas, Jr., Institute of Government, University of North Carolina, Chapel Hill, North Carolina; James Paul, Child Advocacy Program, State Department of Mental Health, Raleigh, North Carolina. The T A D S staff members who attended were Dan W. Davis, Donald J. Stedman, James J. Gallagher, David L. Lillie, Pascal L. Trohanis, Talbot Black, Richard C. Surles, Annette Exum, Rosemary Epting, and Margaret Keith.

This report explores project activities that have an effect on replication. Studying the activity dimensions in a planning and program development framework hopefully will allow projects to anticipate important replication events. Strategies for replication may then be planned to help projects avoid "crises management."

The information presented here will be expanded as other project staff contribute their ideas and experiences. These initial guidelines are being published now because of the importance of early planning for later replication efforts.

Chapel Hill
North Carolina

November, 1972

Dan W. Davis
Betty Elliott
Robert R. DeVoid

Community Program Development Section

INTRODUCTION

Of the estimated 1,000,000 preschool-aged handicapped children in the United States today, only 100,000, or 10 percent receive special services of any kind. Recognizing the need for greatly expanded child services, the Bureau of Education for the Handicapped (BEH) established the First Chance Network to operate model preschool and early education projects for handicapped children.

One goal of BEH is to double the enrollment of handicapped children in preschool programs by 1973. At this rate of expansion the First Chance projects themselves can serve only a small portion of handicapped children. Therefore, one requirement of the projects is to structure the programs so that other organizations and communities can replicate, or adopt, exemplary program components to serve handicapped children. Model programs, such as those in the network, require much planning and effort on the part of the local staff. The program itself must be developed and documented in such a way that it can be demonstrated as a product that can be exported in whole or in part to other settings. At the same time, the staff must work to form liaisons with other agencies that are potential replication targets. By the end of the usual three-year funding period, it is expected that each project will have replicated

itself, thereby providing services for many more handicapped children.

This form of community program development is not as clear-cut as providing curriculum training, conducting parent programs and engaging in other project activities. Instead, development requires a different sort of strategy and planning to identify the dimensions and skills which are useful for selecting replication activities that are effected by, and effect community settings.

One of the First Chance project's initial concerns should be an assessment of the relationship of the project's internal organizational structure to the context of the community structure. This recognition includes: understanding community attitudes, learning community priorities, communicating with available social services, and generally seeking a slot in the total community educational and social services matrix.

In addition, projects must identify and work with different audiences. All projects in the First Chance Network have three main target audiences--children, parents, and decision-makers--that define the scope of project activities. Decision-makers are the focus of these guidelines. These people, both from within and outside the organization, determine the direction, affect the quality, and evaluate the outcome of all projects. Decision-makers include such people as members of the project's

advisory council, agency staff members working directly with the project, personnel of agencies that may conceivably contribute to the project's financial support, and project staff who have strong affiliations with potential replication targets. Project personnel should form a network of people who may be called upon to develop services for handicapped children.

The Community Program Development (CPD) section of TADS assists projects by identifying resourses and developing strategies which can be useful for describing the project within the context of its community setting. Because of the importance of a plan for program development for replication, the TADS staff assists projects early in their operations to assess the elements of planning and of organizational design that may have implications for the future. These elements include: (1) the functions of advisory councils, (2) staff roles in organizational development, (3) strategies for exploring and developing liaisons with local agencies, (4) use of a program planning and evaluation model as a vehicle for developing replication strategies, (5) identification of financial and programmatic resources.

The CPD section of TADS can assist projects in developing strategies for forming networks of decision-makers who may affect its replication activities. It may assist in the "tooling up" and timing for action by decision-makers as well as recommending some appropriate types of community involvement for decision-makers.

This document is designed to assist First Chance project directors in the development of their replication efforts. Three aspects follow: dimensions in replication; program planning and evaluation; and principles for replication.

An appendix which contains references for funding sources and other sources for general information about various aspects of projects for handicapped children concludes the document.

Chapter I

DIMENSIONS IN REPLICATION

Replication is a process of adopting viable components of individual First Chance projects. The purpose of this process is to create a "ripple effect" in expanding services for preschool handicapped children across the nation.

Replication dimensions are areas that affect a project's replication efforts. Such dimensions include:

1- Support Agencies

2- Referral Agencies

3- Advisory Board

4- Staff

5- Program Planning

These examples of replication dimensions have been identified by First Chance project directors and are not considered to be an exhaustive list. Rather, additional dimensions might be added when identified by projects from their own experiences.

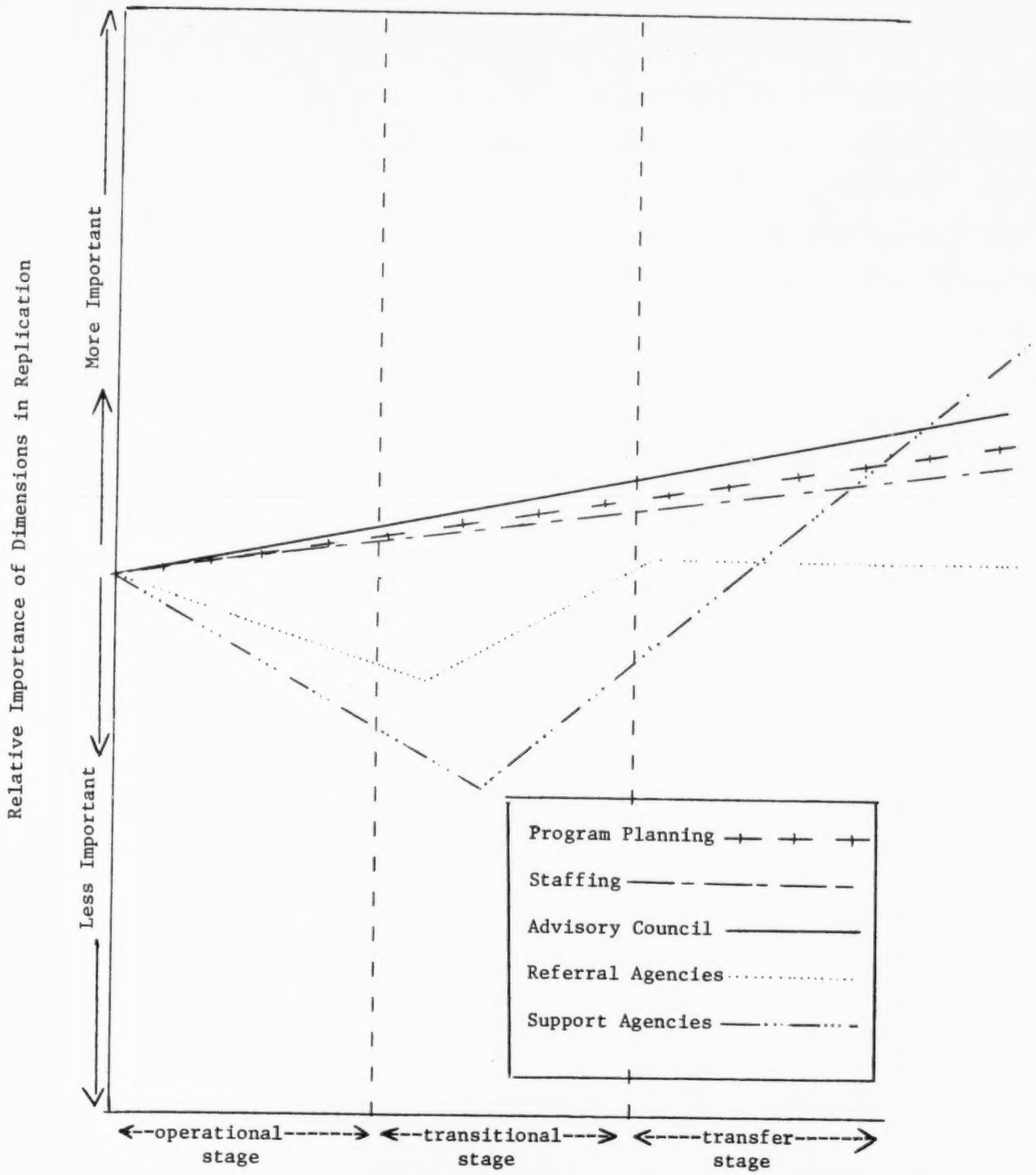
Each dimension may vary in importance across the stages of organizational development for each project. Figure 1 illustrates five replication dimensions and the relative importance of each within three developmental stages of the project's funding period:

(1) Operational Stage
Funding has been secured and the project begins its program planning and operations.

(2) Transitional Stage
More direct effort is given to replication as the project approaches and passes the mid-point of its funding period.

Figure 1

THE IMPORTANCE OF REPLICATION DIMENSIONS
ACROSS STAGES OF A PROJECT'S ORGANIZATIONAL DEVELOPMENT



(3) Transfer Stage
Extended services for children are secured and replication efforts are completed.

Comparing the dimensions at any stage of organizational development indicates which areas are most important in the project's replication efforts. However, the dimensions are flexible and unique to each project's own experiences. The illustration given here represents only one example based on information from several First Chance project directors.

The activities which relate to replication dimensions may be controlled by the local project staff or may occur outside the control of the project staff. These are referred to as "internal" and "external" dimensions and activities. "External" activities are generated by people who influence the project's replication efforts but who are not directly controlled by the local staff. However, their activities may be indirectly influenced by project personnel and project activities. Examples of such "external" activities are support agencies, referral-agencies, and advisory councils shown in Table 1.

"Internal" replication dimensions and activities are more directly controlled by local staff. These dimensions include "in-house" elements such as : Advisory Council; Staffing; and Program Planning. Table 2 lists these "internal activities." The Advisory Council's activities are both "external" and "internal" because some of their activities involve outside community contacts, and other activities involve local staff members.

TABLE 1

ACTIVITIES OF EXTERNAL OPERATIONS FOR REPLICATION

STAGES OF PROGRAM DEVELOPMENT	A. SUPPORT AGENCIES	B. REFERRAL AGENCIES	C. ADVISORY COUNCIL
OPERATIONAL STAGE	-letters of support received from individuals and organizations	-gain understanding of the agencies' organizational structure -establish closer coordination between project and agency to secure children	-council members acquaint community with the project and its importance -members refer children to the project
TRANSITIONAL STAGE	-establish liaison with other agencies who can provide child services and may be replication target sites -conduct exploratory discussion regarding possibilities for replication -make tentative commitments for replication -explore committed targets to choose most suitable one(s)	-provide in-service training by project staff for agency staff -referrals made from sources in addition to original referral sources	-members identify community needs for child services -members elicit community support for local program -members disseminate information about the project -members identify replication targets
TRANSFER STAGE	-appropriate agency or agencies selected and replication commitment made -replication occurs at the local, state, regional, or national level	-agency chosen as a replication site or contact with the agency ceases	-members select most appropriate target(s) -new funding secured or other agencies expand their services for children

TABLE 2

ACTIVITIES OF INTERNAL OPERATIONS FOR REPLICATION

STAGES OF PROGRAM DEVELOPMENT	C. ADVISORY COUNCIL	D. STAFF	E. PROGRAM PLANNING
OPERATIONAL STAGE	-define council's roles and objectives -members observe in the classroom to gain information for dissemination	-examine leadership system of project staff -project staff demonstrates program to interested individuals and agency staff	-define objectives and operations -focus on data collection to be used for evaluation and dissemination needs
TRANSITIONAL STAGE	-utilize task forces to assist staff in various program areas such as: -personnel -finance -planning -media -replication	-assists other agencies who have child services; may require role changes among project staff from teaching children to consultant to other programs -staff identifies potential replication targets	-reallocate resources to accomodate staff role changes -data collection and packaging for specific audiences will involve the following activities that occur throughout the funding period: -evaluation -agency liaison -demonstrations -information dissemination
TRANSFER STAGE	-task forces remain active throughout funding period	-extend services for handicapped children through replication	-data packages help to secure replication of program

The following discussion of the dimensions and activities referred to in the tables elaborates on the distinction. between "external" and "internal".

A. Support Agencies-

Some agencies show their intent to support the project and its efforts from the beginning of the project's existence by letters of support which are often submitted with the proposal for funding.

During the operational phase of development, these agency people tend to decrease their interactions with the program. An expansion of inter-agency activities occurs again during the trasitional phase of program development. By this time, the project has become better known for its service to children and can realize the need for the growth of such services. Therefore, closer ties are built with other agencies which are potential replication sites.

Exploratory discussions with support agencies regarding possibilities for replication also begin during the transitional stage. These discussions lead to tentative commitments, followed by further exploration for the most suitable replication site(s). Intense activity at this time results in the selection of appropriate agencies and final commitment for replication of the project. Replication may occur on several levels: local, state, regional, or national.

B. Referral Agencies-

The local project should seek, early in its development, to gain an understanding of the structure of the agencies through which the project obtains children. By spending time with the staffs of these agencies and, perhaps, within the agency itself, the project staff can become familiar with the referral procedures. An understanding of procedures will aid in establishing guidelines and close coordination between the project and the referral agencies, which themselves, may be potential exportation sites. If so, continuous contact and cooperation with them is important.

Throughout the operational stage the referral agency's role may become less important. This stage is the "slack period" before the acceleration of replication activities in the transitional stage. During this transitional stage, children may be referred to the project from sources in addition to the original ones as a result of the projects' increased exposure to the community. At this time, in-service training for the staff of the new referral agencies may provide a familiarity with the philosophy, techniques, and materials used in the local project. This training experience would be essential for the referral agency staff members, if those agencies are possible replicators of the project.

The intensity of referral agency activities conceivably

could increase until the transfer stage. The local project then exports its products or program components to the referral agency or agencies or selects another site and diminishes its contact with the referral sources.

C. Advisory Council-

The Advisory Council has a responsibility for replication activities that are both "internal" and "external" to the project. In an advisory capacity, the council members recommend policy for the program, but the local staff should maintain some freedom to make decisions regarding those policies. Other activities of the council may be external in that they involve community, state, regional, or national resources. Functions and make-up of the Advisory Council may vary widely among projects, but several activities have been identified which are important to discuss.

The council members engage in many replication activities external to its direct involvement with the local project. As members of the community, the council members can acquaint the community with the project and can emphasize the project's importance to the community. This process is referred to as legitimization. Individual council members, pediatricians or social workers for example, may also be appropriate referral sources for children.

Identifying community needs for child services is another important function of the Advisory Council. Having

identified these needs, the council members may solicit community support for the progr[illegible] by pointing out obvious correlations between community needs to appropriate program services. Other supportive roles which would induce replication may be utilized by the Advisory Council.

Throughout the lifetime of a project, the level of activity of the Advisory Councilmen for replication should increase. Dissemination of information about the project is an effective means to interest organizations who are potential targets for replication. Once these targets are identified, selection procedures for the "most appropriate" target(s) can begin. At the transfer stage, the project, with the aid of the council members, may receive new funding for self-continuation or identify other agencies which can expand their services for handicapped children.

Within the local program (internally), the Advisory Council members' first concern should be to define their own roles and objectives. This task is often a joint responsibility of council members and project staff and the definition of roles can determine the extent of the Council's effect on replication activities. When the project has begun child intervention operations, the members of the Council can gain a greater appreciation of the programs through observation. A first-hand look at the project's activities will insure that council members will disseminate more

accurate information.

One technique for effectively using the Council is to form task forces, or sub-committees of the Council, to address specific program areas within the project. Examples of these areas are personnel, finance, planning, media, and replication.

D. Staffing-

In the operational stage of development, the project should examine the variety of leadership "styles" among its own staff members, and should consider this factor when choosing a strategy for replication. One person's leadership style may be directed toward operations of the project while others find their style is more amenable to developing contacts with other organizations. Project staff find it useful to recognize their respective styles and complement these with staff and some advisory council members who can supplement the leadership styles of the staff. For example, a project director who is more interested in the operations of the project might find it useful to have advisory council members take a more active role in the project's outreach activities. Similarly, a project director interested in developing contacts with other organizations might have other staff members take primary responsibility for the project's daily operations. Also during the operational phase, individuals from other agencies and organi-

zations should be invited to observe demonstrations of the program activities. These demonstrations, and the program's receptiveness to visitors, are useful for dissemination purposes. Staff members interested in informing visitors about the program's operation should be carefully selected for their skill in doing this.

Other agencies that are concerned with child services may request the project's assistance in the form of consultation, demonstration, information, or materials. This assistance to other agencies may require staff members to spend large amounts of time outside the project. However, such effort will demonstrate a willingness to serve the community when service is needed and, furthermore, can demonstrate the applicability of the project to many areas of child service. Increased contact with outside agencies can lead to the identification of potential targets for replication activities. These targets may be agencies or individuals which the project would examine further to determine their appropriateness for providing services to handicapped children.

The willingness of the project to assist others who are outside the project may require changes in staff roles. As the director, or other staff members, spend more time outside the project activities, the remaining staff must be flexible enough to share and shift the extra responsibilities.

As the project approaches the transfer stage, the final target selection is made and further negotiations are carried out with the particular agency agencies selected. Replication may involve one or more targets, but the final objective should be to expand services which are provided for the handicapped children.

Throughout the project's life span, and particularly as the transfer stage approaches, high program quality should be maintained. The tendency to de-emphasize program quality may occur during the latter stages of development when more extensive outreach activities are important. However, program strength must be maintained as a priority throughout the project's development as a demonstration model.

E. Program Planning-

The last dimension of replication to be discussed is, perhaps, the most important because it encompasses many of the activities which are included in the other four dimensions. The area of program planning includes the defining of operations and objectives for the development of the program. While the program objectives remain constant, program planning should be flexible enough to provide for operational change across time as well as for role changes within the project staff.

Objectives which are set by the project influence operations and also influence the types of evaluation tech-

niques and data collection that should occur. Data which are collected for evaluation of the project can be used for progress reports to B.E.H. for reports to Advisory Councils, or for targets such as legislators and influential community leaders. Those data can be effective for giving credibility to the quality of the product which is being replicated.

Planning also includes setting objectives to deal with liaison activities which might involve demonstrations to other projects as a dissemination technique.

One aspect of projects' stages of development includes having representatives of other organizations observe the project's operation at the outset (demonstration phase); then comes the phase of disseminating information and consulting with other early childhood organizations. Organizing these activities using a program planning format assists the staff in making the outcomes of these activities explicit as well as deciding which replicaiton targets to pursue by assessing the assets and liabilities of these targets.

This chapter has focused on five dimensions in replication and how the relative emphasis of these dimensions vary at different stages of project's development. The next chapter gives examples of replication activities of two projects in the First Chance network.

CHAPTER II

PROGRAM PLANNING AND EVALUATION IN REPLICATION

This chapter begins by outlining a general program planning format that may be used for designing and implementing replication activities. (see Figure 2) Following this scheme is a more detailed example of how the model might be used. (refer to Figure 3) Two case studies follow these examples. The first, by Robert DeVoid, uses the program planning format to sketch his project's replication activities. The second, by Mary Wood, describes the funding structure that emerged from replication activities.

FIGURE 2

PROGRAM PLANNING AND EVALUATION MODEL

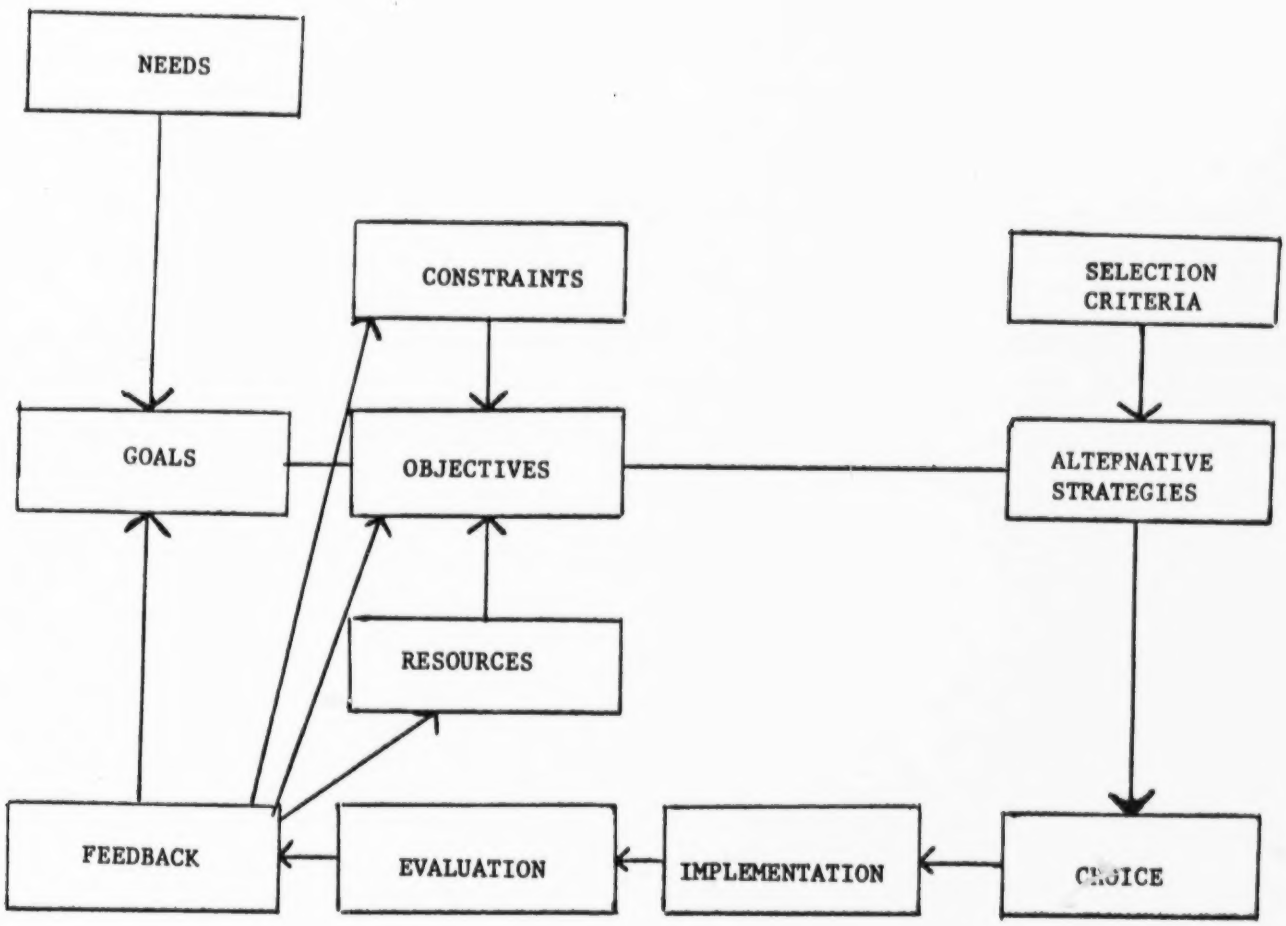
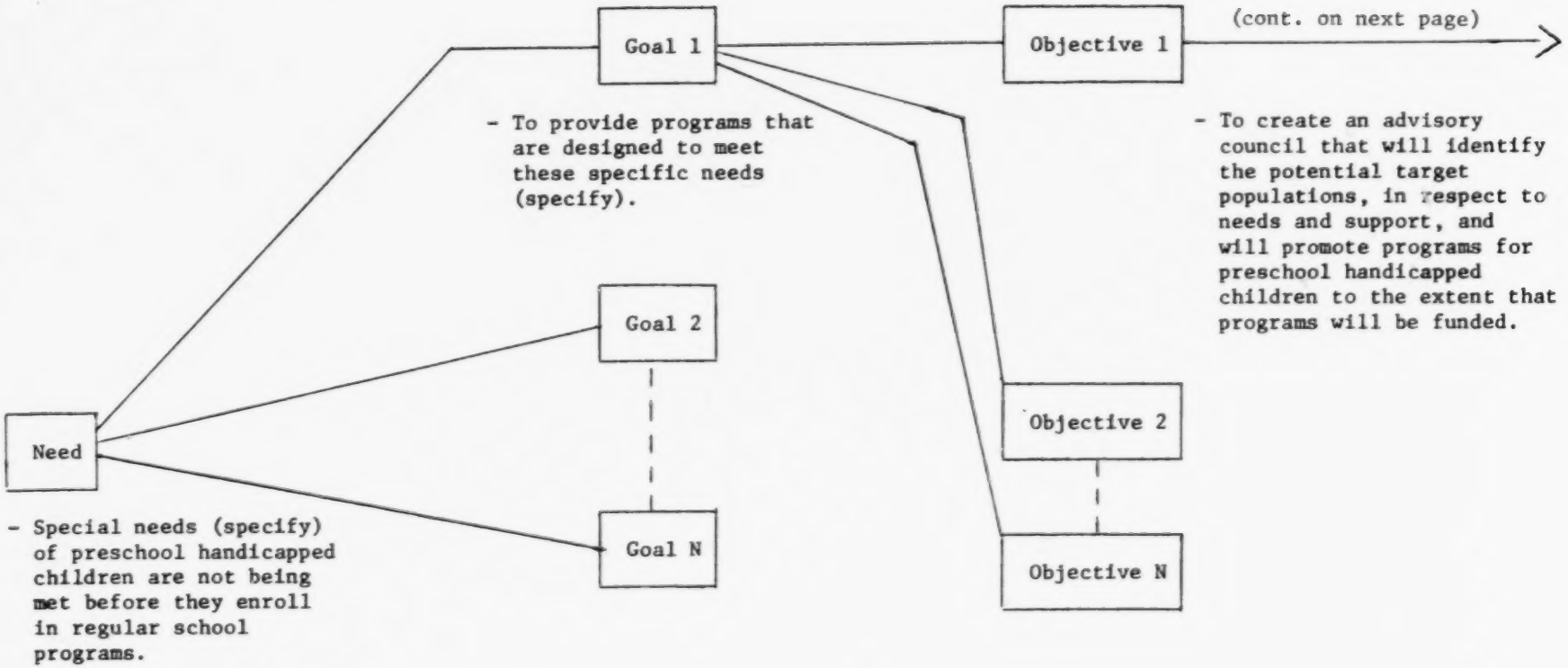


FIGURE 3

EXAMPLE OF PROGRAM PLANNING AND EVALUATION


Goal 1
Objective 1
(cont. on next page)
- To provide programs that are designed to meet these specific needs (specify).
- To create an advisory council that will identify the potential target populations, in respect to needs and support, and will promote programs for preschool handicapped children to the extent that programs will be funded.
Goal 2
Objective 2
Need
Goal N
Objective N
- Special needs (specify) of preschool handicapped children are not being met before they enroll in regular school programs.

Constraints

-Competing organizations provide services to children
-Potential council members will have limited time
-money-resources for implementation of the recommendations of the council are restricted

Selection Criteria

-Council will have power to act
-Council members will have credibility in respect to the effectiveness of promotion services
-Parents will be willing to support the Council
-Council members will have experience in influencing decisions
-Council membership meets the requirements for advisory councils that are specified by potential funding agencies
-Council will interface with other service agencies

(cont. from p. 20)

Alternative Strategies

-Council will be composed of project staff members and representatives from related service agencies
-Council will be composed of project staff members and a selected set of parents of preschool handicapped children
-Council will be composed of project staff members, selected parents, and selected representatives from related agencies
-Council will be composed of project staff members, selected parents of preschool handicapped children, selected representatives of the community at large, selected representatives from related service agencies, and selected "significant others"

Choice

One of the alternatives is selected in accordance with the selection criteria

(cont.)

Resources

-Project has money allocated (specify) for travel and expenses of council members
-Project has facilities for council meetings
-Organizations (specify) need the achievement of project goal in order to implement their own programs
-Funds are available for (specify sources) for preschool serivces

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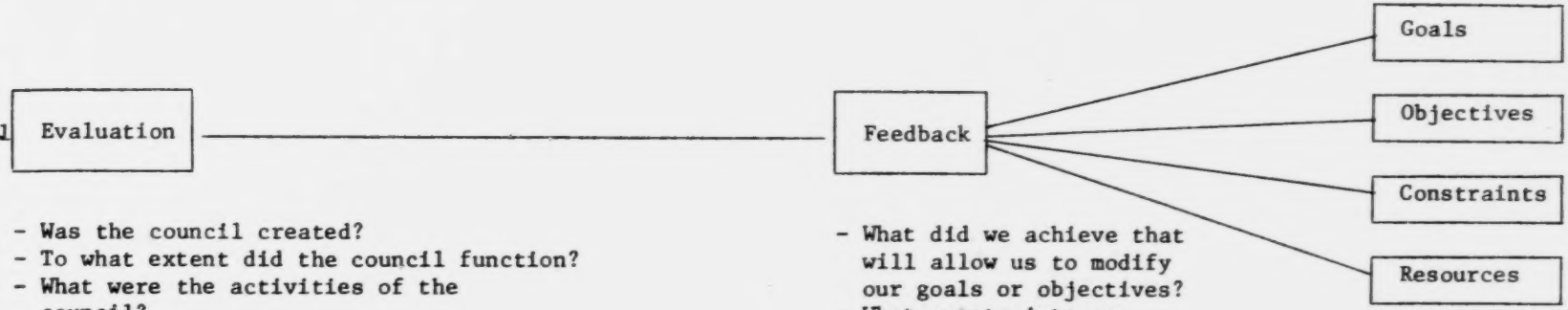


- Was the council created?
- To what extent did the council function?
- What were the activities of the council?
- How did the council function in ways that had not been anticipated?
- What are the outcomes of activities of the council?
- Would an alternative council probably have been more successful?
- What were the particular strengths of the council?
- What were the particular weaknesses of the council?

- What did we achieve that will allow us to modify our goals or objectives?
- What constraints or resources were identified?
- What new goals or objectives were revealed by council activities?

Case Study 1

AN EXAMPLE OF PROGRAM DEVELOPMENT and the REPLICATION PROCESS

The Vermont Project

Robert R. DeVoid

Introduction

This case study is a crystalization of the process adopted by the First Chance Project in Vermont in its attempt to develop an on-going program locally as well as replication on a broader scale. The project employed the program evaluation model in the planning process. Program development activities were carried on by a system of task forces which effectively demonstrates high utilization of an Advisory Council.

The Process

The first step was to outline the long and short-range project goals. Once the goals were selected, the Advisory Council members were assigned to specific task force activities. The task forces then met to develop goals and objectives.

A. Short Range Task Force Assignments
   1- Personnel
   2- Public Relations
   3-Transportation
   4- Finance and accounting
   5- Current State Legislation

B. Long Range Task Force Assignments
   1-Legislation and liaison (Federal)
   2-Project Continuation
      a. Fund raising
      b. Supportive services
      c. Replication sites
   3- Project Housing plans
   4- Program directions

The assignment of Advisory Council members to specific task forces was based on several considerations. Some of which were: (1) skills and expertise, (2) experience, (3) interest in the project, (4) ability to make contacts, (5) legislative experience, and (6) available free time.

Each task force met with the project director to rank in priority order and classify the needs of the project. Although many needs were listed, there were obvious immediate needs which were given priority. These priorities were arranged accordingly: (1) improvement in state laws, (2) long range funding for project continuation, (3) project housing site, (4) project permanency, and (5) local, state, and federal support.

All of the goals were converted into action themes, for instance, one goal was to guarantee the continuation of the First Chance project by converting the project into a private non-profit agency by the end of the third year of federal funding.

Objectives

Although the objectives were somewhat vague at the start of the first year in the project, they became more specific as time went on.

Some of the specific objectives were:

1- Develop and operate two child development centers by the end of the first year into the project.

2- Provide treatment for 45 handicapped children by the end of the first project year. 50 children by the end of the 2nd year and treatment for 60 children by the end of the third year.

3- Find permanent quarters by the end of the first project year.

4- Develop and aim for improvement in state legislation for the handicapped by the end of the second year.

5- Outline a re-funding and project continuation plan by the end of the second project year.

Constraints and Resources

It was necessary for each task force to examine all of the resources available as well as the constraints which could hamper the achievement of the specific goals and objectives. For instance, the task force which considered the re-funding and continuation goals and objectives decided that the best source of funds would have to be state monies. However, one of the major constraints to getting state funds was the current legislative attitude toward an expanding state budget and a then current credibility gap between the state department of education and the legislature. Despite these constraints, the decision remained to cooperate with a state-wide movement to up-date and improve legislation in the state.

Alternative Strategies

Each goal and objective was discussed after consideration of several strategies. For example, the transportation task force examined the difficult problem of getting rural isolated children into the treatment centers. This group considered the following alternatives:

1- Purchase taxi service

2- Utilize volunteer drivers

3- Arrange for parent driving pools

4- Purchase a small bus

5- Exclude all children living beyond a prescribed radius to the treatment center

In the process of decision-making, the criteria for selection between alternatives was detailed and thoroughly discussed. Prior to the decision to purchase a bus the task force needed to consider several elements such as: comparative costs, child safety, program efficiency.

The Choices

Often times the decision making process was involved and tedious, however, it was found that the process as we've described, contained a built-in safety valve. Which was a self-imposed stipulation that all considerations be presented in light of existing needs, resources, and possible constraints. For instance, in spite of the negative prognosis, the legislative

task force, in cooperation with other state committees, was able to affect legislative improvements in the state.

The Evaluation Process

In the process of evaluating each decision the task force committees had to examine their goals in relationship to outcomes and objectives. For instance, after the transportation task force decided to purchase a bus these questions needed to be answered:

1- Was transportation efficient?

2- Were comparative costs accurate?

3- What constraints were overlooked?

4- How did the solution to transport children effect the project?

In the opinion of the task force committee, based on the final evaluation, the purchase of a bus was a good decision.

Case Study 2

AN EXAMPLE OF PROGRAM DEVELOPMENT and the REPLICATION PROCESS

Rutland Center

Mary M. Wood, Ph.D.

Rutland Center in Athens, Georgia, is a community-based demonstration facility which combines professional mental health and special education personnel in a cooperative program of psychoeducational services to seriously emotionally disturbed and behaviorally disordered children. The events leading to the establishment of this center began in 1968 when the Georgia legislature passed a bill which mandated that all handicapped children, ages 0-17 were to receive special services by 1976. No money was appropriated for such services in the first year; however, the Legislature is committed to appropriating money to provide services by 1976.

Also in 1968, the mother of an autistic child sought money for services for children such as her own . The Lieutenant Governor of Georgia responded to this plea by providing contingency funds for a program to serve 20 seriously disturbed children. A professor of Special Education at the University of Georgia who was also the Director of the Special Education Clinic for Disturbed Children was aware of this program for autistic children and designed a program that would use the same amount of funds but would serve more children. The design was submitted to the Director of Special Education Programs in the

Georgia State Department of Education. However, no funds were made available at that time.

The next attempt to secure funds for the program design was through a state legislator who was interested and active in mental health endeavors. This attempt resulted in securing an appropriation from the Georgia General Assembly in March 1970, which promoted the new program design as a demonstration project to develop a service delivery system to seriously emotionally disturbed children throughout urban and rural areas of Georgia.

As a result the Rutland Center was established. The General Assembly funds were administered through the Georgia Department of Education, the Division for Special Education and Pupil Personnel Services. Initially, the center was designed to provide services for school-aged children. The director of the center requested funds from the United States Office of Education, Bureau for the Education of the Handicapped (BEH), to extend the range of services to include preschool children. BEH approved funding for the three year period from July 1970-July, 1973. Subsequently, the University of Georgia, College of Education, became the fiscal agent for these federal funds. The preschool program, now a major part of the Center design, serves children in the age range three to seven years and infants from birth to age three. To determine if the model could be transported to other sites, a satellite program was set up in another city. The results showed that success was contingent upon a commitment from the local mental health center; thus the concept of inter-

agency cooperation was strengthened.

In April, 1971, the Governor of Georgia appointed a commission to improve services for mentally and emotionally handicapped Georgians. The Governor's Commission invited every group in Georgia involved in mental health, retardation, alcoholism, drugs, and related areas to outline the most efficient, economical, and humane way to treat Georgian handicapped citizens. Three hearings were held in Atlanta in the month of June, 1971. Concern for mental health services grew through publicity of the Commission's efforts and the legislative support for the Commission. An invitation was secured for the Director of the Rutland Center to testify at the hearings. The Rutland Center model and report on the lack of coordinated services for children was presented and gained the support of several members of the commission. Following the hearing several commission members visited the Rutland Center. As a result of the testimony at the commission hearings, the visit, and other testimonies by parents of handicapped children, the Commission apparently recognized the need for coordinated services for handicapped children in the state of Georgia. However, the Commission's final report did not specifically spell out needed child services. The members of the Commission then received letters outlining the problem from various statewide groups concerned with services for children. The final report of the Governor's Commission made five recommendations focused on comprehensive community health programs. These

recommendations focused on comprehensive community health programs to be financed 100% by the state, a seperate Division of Mental Health within the State Bureau of Human Resources, training of personnel, and the establishment of a coordinated service delivery system for health services. The Rutland Center was mentioned in the report as a model which demonstrates community-based services using inter-agency cooperation. The commission recommended that a state-wide development of psychoeducational centers, such as the Rutland Center, be instituted using newly available federal funds.

The Governor appointed a staff liaison officer to continue working to plan a viable and effective state-wide mental health program for children. The Governor also requested that an ad hoc committee of state agency representatives be appointed to develop guidelines and a prototype manual for assisting areas of the state seeking to establish a similar program. (Copies of the state network guidelines may be obtained by writing to the Director, Special Education Program, Georgia Department of Education, Atlanta, Georgia. A copy of the Rutland Center operating manual may be obtained by writing TAPEC, Rutland Center, 698 N. Pope Street, Athens, Georgia.) The Director of Rutland Center and one of the Governor's Commission members were on that committee along with a staff member from the state Mental Health Division and the state Special Education Office. This committee prepared a network design which was sent to the Governor's Commission

and to the directors of the two state agencies involved. The network design, based upon the Rutland Center prototype stressed the need for a cooperative program of child services between mental health and special education. Such a network would help to alleviate the problem of the coordination of child services. Prior to this time, no system existed which coordinated mental health and special education services for children.

Following recommendations of the Governor's Commission, the Georgia General Assembly appropriated funds to assist in the development of a network of fourteen psychoeducational centers to provide community mental health and treatment services specifically designed for children. Technical Assistance for Psychoeducational Centers (TAPEC) was also designed as an inherent part of the network proposal because of the need to develop, demonstrate, and maintain effective and efficient program services and evaluation efforts.

Beginning July 1, 1972, the new Georgia Psychoeducational Center Network became operational, targeted to serve a minimum of 2,848 infants, children, and their families by the end of the first year of operation. This program, designed to provide services to emotionally disturbed children, involves, but is not limited to, cooperation and coordination among the General Assembly of the State of Georgia, the State Department of Education, the State Department of Human Resources, The University System of Georgia, the Governor's Subcommittee on Early Child-

hood Development and appropriate local, county, or regional divisions of these departments and the subcommittee.

Plans have been developed to increase the number of centers each year as new funds become available. The network goal is 34 centers by 1975--one in each community mental health catchment area of the state.

State-level coordination involves a series of contracts among state agencies (Figure 4 on page 34). The General Assembly appropriated funds to the State Department of Education, Special Education programs. These funds are used to maintain and initiate programs and to match with federal funds, IV-A of the Social Security Act to expand or initiate services to disadvantaged children needing help.

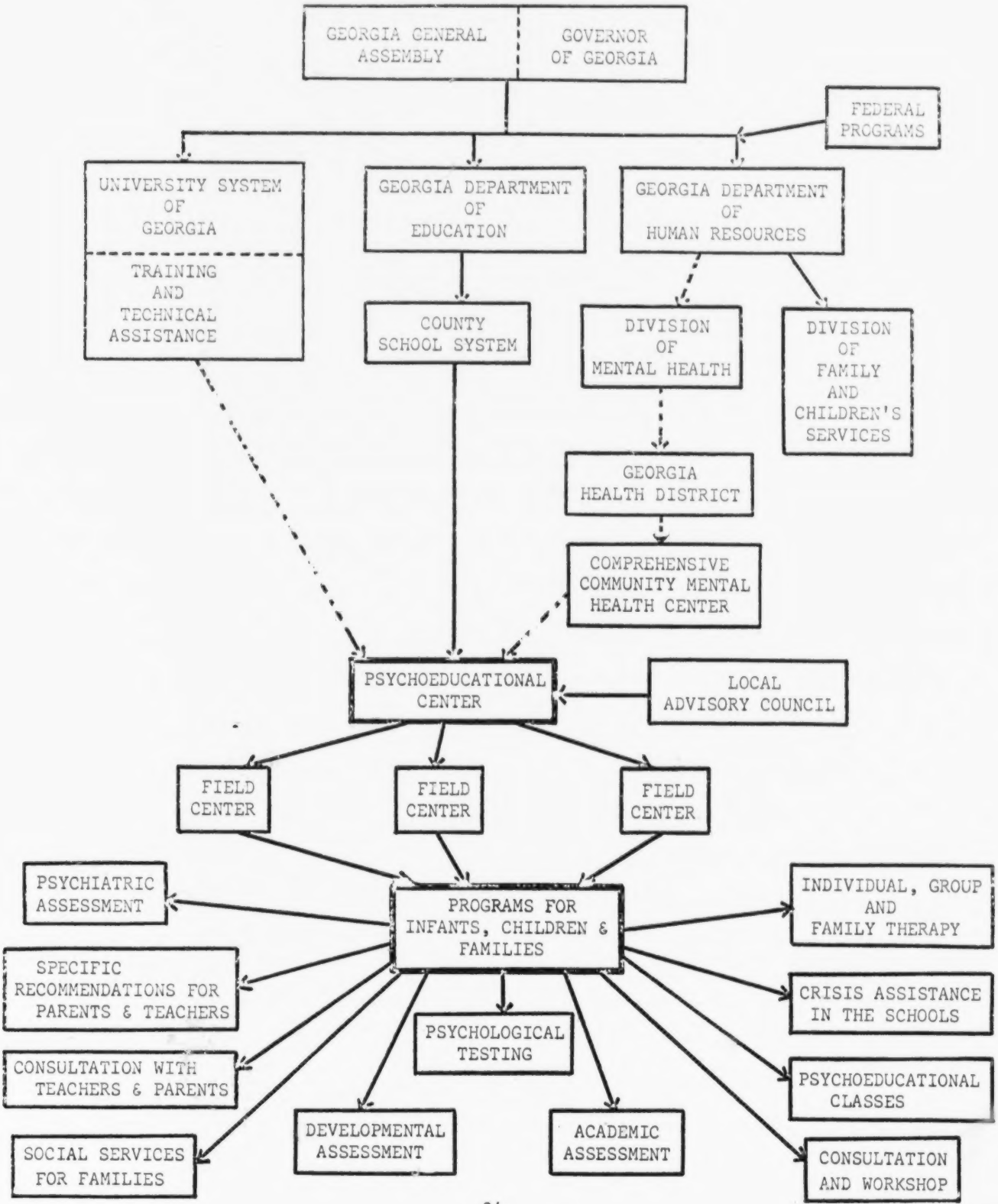
The State Department of Education sub-contracts with the following agencies:

1- School System: Funds are allocated to school systems to provide for the implementation of programs for the education of exceptional school children. These school systems will house the psychoeducational centers and receive direct state grants for operating the centers as well as state allocations for teachers.

2- Department of Human Resources: The funds administered to the school systems shall consist of the matched funds for eligible IV-A children and the direct state payments for children who are not eligible for the

FIGURE 4

AGENCY LINKAGE FOR ADMINISTRATION
OF THE
GEORGIA PSYCHOEDUCATIONAL CENTER NETWORK



Title IV-A funding. Therefore, the Department of Education contracts with the Department of Human Resources, Division of Family and Children's Services to use the state funds appropriated by the General Assembly for the network as matching funds to attract Title IV-A funds to pay for services of IV-A eligible disadvantaged children served in the network programs.

The Department of Education also contracts with the Georgia Department of Human Resources, Division of Mental Health to provide the "mental Health Component" of each center. The Division of Mental Health makes these funds available to appropriate health districts at 100% state financing. These districts employ the mental health component (clinical personnel) of each center.

3- Board of Regents, University System of Georgia: The Department of Education contracts also with the Board of Regents for the University System of Georgia, to provide technical assistance, evaluation, and training for each psychoeducational center.

On the local level each psychoeducational center cooperates and plans with comprehensive community mental health centers to provide comprehensive, coordinated services for severely emotionally disturbed children and such other services as shall

be mutually developed. The psychoeducational center coordinates with all local agencies involved in services to children to assist in identifying, referring, and serving children in need of services. Referrals are received from the school system, the health department, existing community early childhood development programs, existing day care programs, and community mental health centers.

Chapter III

PRINCIPLES FOR REPLICATION

Some underlying principles to guide the project staff in their efforts are basic to the implementation of a replication strategy. Although these principles cannot be defined as procedures which occur at specific times, they should permeate the project throughout its life span.

These principles encompass many ideas and areas of concern which First Chance directors may want to consider. However, no one person, nor one project staff member, can be expected to utilize all of the ideas which are presented here. Rather, they are presented so that project staff members develop an awareness of some principles as they relate to replication.

The use of principles for replication requires the exercise of caution. Project directors and other staff members should examine carefully a potential support agency or individual before committing a significant amount of time and resources to it. Lack of caution may lead to poor choices of replication targets, some of which may not be capable of, or sincerely interested in, advancing the project's replication efforts. Furthermore, associations with some agencies or individuals might restrict the freedom of the project staff to negotiate with other replication targets that might have different philosophies about education for handicapped children.

The following principles describe to some extent those elements which the project staff members will find intrinsic to the concept of replication.

1. Early Involvement--Identify such people as community leaders, agency decision-makers, potential funding sources, and become involved with them early in the project's operations. People who work with Head Start, day care centers, medical societies, welfare agencies, and others who are interested in providing services for children are potential replication targets. Also, look for leaders who are influential in the community and whose opinions and ideas are respected. The early involvement of such leaders with the project is important to secure firm support ties for future funding.
2. Personal Contacts--Contact target people initially on an individual rather than on a group basis. A personal relationship with these individuals encourages them to serve as a liaison with their own agencies---agencies which may be potential replication targets. For example, an early childhood educator who is serving as a member of the state Developmental Disabilities Council can promote programs for handicapped children in the state plan if he has a first-hand knowledge of the project and its strengths and needs. An individual contact with this one person can enable a broad dissemination of the program's products.

3. Political Awareness--Find ways to participate in the political processes of local, state, or federal governments. Successful replication requires a high degree of knowledge about political systems, the powers they can exercise, and the means by which such systems can be influenced by a local project. Be aware of, and make the local project visible to, politicians who are potential supporters of early childhood programs. Project directors are often in a position to influence early childhood legislation and even direct its formulation.

4. Leadership--Examine the variety of leadership styles within the local staff in order to utilize each person best for replication efforts. Some individuals are most persuasive on a personal contact basis. They may be "goodwill ambassadors" for the project who meet with, and personally talk to, other agency people. Other staff members may prefer to delegate responsibility and to concentrate on internal program development and organization. The two styles mentioned above, as well as others, can be effective in replication efforts.

5. Progress and Quality--Strive for visible progress early in your efforts to provide quality services for children. If others can observe the progress that individual children have made in areas such as speech, motor abilities,

then these observers have a vivid impression which they can share with others.

In addition to early visible progress, the project staff should strive to maintain program quality throughout the funding period and to publicize the success. As staff members become involved with activities outside the local project--such as assisting other agencies with their programs--proportionately less attention may be devoted to the quality of the project's services to children. However, the continuous display of a quality demonstration center is important in order to retain financial support in the future.

6. Demonstration--Encourage agency people, parents, and other individuals to visit the project in order to observe the classroom activities. Furthermore, potential supporters might be invited to accompany the local staff members into the child's home setting where they can acquire a first-hand orientation to the project's needs and services. Direct observation and interaction with the staff can prepare these would-be supporters to disseminate more accurate information about the project.
7. Committee Participation--Recognize the importance of active participation in community affairs and find ways to place project staff members and parents on policy and advisory committees, and on boards of education.

Such participation will allow staff members and parents to play a viable role in the community as well as within the project. Accordingly, the staff will probably meet political and social leaders in the schools and in the community, and have the opportunity to discuss the activities of the project with many people.

8. Credibility--Gather relevant data about the project which will provide evidence of its value. Facts add credibility to the emotional appeal of a program for handicapped children. Therefore, the data which are collected and tabulated should be clearly organized and appropriate for use by project supporters who wish to demonstrate the effect of the program on children. Include such information as daily cost per child in the program versus daily cost per child in other programs. In short the data should be easily understood, descriptive of the nature of the program, explanatory of the need for the program, packaged with specific audiences and purposes, presented in a positive manner and concise enough to present the essential information but it should avoid supplying unnecessary facts.

The facts which can give credibility to the program are more valid and objective when disseminated through sources other than the project staff. Therefore, let others speak for you. Praise and verbal support from

outside sources are more persuasive to others than self-congratulations.

9. Human Resources--Utilize parents, students, and citizens to promote the project and disseminate information to others.

   a) Parents can become strong forces as members of the advisory council, community liaison workers, and disseminators of information about the project. Their appeals for more extensive child services are effective means of attracting the attention of key people who can affect change.

   b) Students and community volunteers are a powerful, yet rarely tapped, resource. By participating in the program as volunteers or interns, they become good sources for dissemination. Another possible use of students then, is to include them on the advisory board where they can offer an added dimension.

   c) Individual citizens can play viable roles in replication efforts by becoming community organizers outside the project. They may serve as a valuable link between community resources and the project if these citizens think that the program is useful.

10. Role Diffusion--Be prepared for the changing roles that staff members might undertake. A staff team with flexibility both to share and to shift responsibilities when

these changes are needed allows the project director and other staff members the time to work outside the local site to develop community supports and other useful linkages. In order to develop these community supports, the project director may serve as a consultant to other agencies, as an advisory board member, as a staff trainer, or in other necessary roles.

11. Visibility--Share the credit for the success of the project with the community leaders and agency people who have supported you. For example, in speeches, news articles, and through other dissemination techniques, describe the valuable assistance of the people who have aided you. By acknowledging the contributions of these individuals, you are making the project visible to the public through outside people who can strengthen the project's ties in the community.

12. Crisis Exposure--Encourage parents, agency staff, and others who need more extensive services for children to appeal to power sources who can influence changes in community services. State legislators, community leaders, and federal funding sources, are examples of such agents. However, these agents must know what already exists in a system and how it operates before they can initiate action to change that system. Therefore, the community members should point up local needs, lack of available services and the reasons for the continuation and expansion of child services. The replication of the

local project is the desired outcome of such a community effort.

13. Responsiveness--Be available and willing to serve other agency people, project staff, or individuals who request your consultation and assistance with some aspect of their operations. Your experiences shared with others can be valuable and may influence the choices made by others in regard to program structure and program support.

    Your services to others may range from a simple demonstration of curriculum materials to extensive consultation. The important factor for replication is that the services are useful, and that they represent a viable element of the project that is useful for others. By helping to relieve the problems of other systems, you will increase the importance of your services and become a valuable resource to others. You will also demonstrate the importance of the local program as a community resource for children and other child-centered agencies.

14. Competition--Realize that the local program may be a potential threat or competitor to some other systems. An individual or organization may perceive that your project is invading his area of services for children. If so, try to identify these systems and recognize why you are a threat to them. By exploring the situation, you may be able to find a workable relationship with these other organizations.

These comments will serve a purpose if project staff can

use them to consider replication as an activity requiring and deserving as much effort as quality curricula. Planning, organizing, and executing replication activities can be deliberate and systematic. These guidelines are intended to point out useful strategies for developing replication activities that increase services to preschool handicapped children. If you have comments or observations please send them to Dan Davis, Community Program Development, TADS, 625 W. Cameron Ave., Chapel Hill, N.C. 27514.

Appendix

FUNDING AND INFORMATION SOURCES

One of the basic components underlying the concept of replication is financial support from other organizations. This support may provide new services for handicapped children, extend the demonstration project's services for working with other organizations and continue its own direct services to children. Regardless of its goals, a project should be aware of funding sources.

Consequently, this appendix strives to acquaint project readers with some alternative financial sources. These sources were provided through a cooperative information service between the Council for Exceptional Children Information Center and TADS. If more assistance is needed, please contact the Media and Information Section of TADS, 625 W. Cameron, Chapel Hill, N.C. 27514.

Publications

The following publications can be ordered from: CEC Information Center
1411 S. Jefferson Davis Highway
Suite 900
Arlington, Virginia 22202

A Selected Guide to Public Agencies Concerned with Exceptional Children, May, 1972; compiled by the CEC Information Center. FREE upon request.

This publication includes an annotated directory of public and private organizations whose services relate to exceptional children.

A Selected Guide to Government Agencies Concerned with Exceptional Children: May, 1972; compiled by CEC Information Center and Special Education IMC/RMC Network Office. FREE upon request.

This publication lists government agencies involved in activities related to the handicapped.

Directory of Federal Programs for the Handicapped; April, 1971; CEC. Price: 2-9 copies - $1.00 each (First copy complimentary); 10 or more - .50 each.

A compilation of all Federal Programs designed specifically to serve physically and mentally handicapped persons. It provides the following information for each program:

1) brief description of program, including type of grant and purpose for which grant is to be used
2) authorizing legislation
3) fiscal data
4) program data, i.e., number of grants awarded, number of persons being served; whatever accomplishments seem relevant
5) name and address of Federal agency administering the program.

Insight, CEC; Subscription rate - $25.00 per year, $45.00 for 2 years.

CEC's legislative information service which includes a monthly newsletter and supplemental reports about federal programs, policies, and personnel affecting handicapped and gifted children. It is devoted exclusively to what's happening in Washington for the education of exceptional children, why, and what it means.

Digest of State and Federal Laws: Education of Handicapped Children; edited by Elaine Trudeau; State-Federal Clearinghouse for Exceptional Children; Oct., 1971. Price: $8.25 (Combination of Digest of State & Federal Laws.. and State Law and Education of Handicapped Children: Issues & Recommendations.)

This digest of federal and state laws relating to the education of handicapped children is divided into two parts. Part I presents in digest form, the laws of the 50 states and the District of Columbia. Part II is a digest of federal laws which have particular relevance to the education of handicapped children.

State Law and Education of Handicapped Children: Issues and Recommendations: Fred Weintraub, Alan Abeson, David Braddock; CEC; October, 1971. Price: $8.25 (Combination of Digest and State Law) (see above notation)

This booklet is intended to serve as a guide and to lend direction to those seeking to change the law in order to provide all the benefits and guaranties children of an education to handicapped children that is presently available to other children.

* Publication List of Federal Agencies

Catalog of HEW Assistance Providing Financial Support and Service to States, Communities, Organizations, and Individuals. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Catalog of Federal Domestic Assistance. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Federal Aid Service. Subscription Department, Croft Education Services, Inc. 100 Garfield, New London, Conn. 06320.

Federal Aids to Local Government. Federal Aid Service, National League of Cities U.S. Conference of Mayors, 1612 K St. N.W., Washington D.C. 20006.

Manpower Information Service. Bureau of National Affairs, Inc., 1231 25th St. N.W., Washington, D.C. 20037.

College and University Reporter. Commerce Clearing House, Inc., 4025 West Peterson Avenue, Chicago, Illinois. 60646.

Urban Affairs Reports. Commerce Clearing House, Inc., 4025 West Peterson Ave., Chicago, Illinois. 60646.

In addition to consulting these governmental or private information services, most of which can be found in the state library or at libraries of major colleges and universities, details on federal agencies which might serve a potential financers for a project can be obtained through conversations with key state officials. Other

techniques include making inquiries to regional offices of federal agencies or making an analysis of the funding sources for similar projects administered in other communities. In some states there are special staffs within state government or the higher education system equipped to provide expert guidance on potential sources of funds.

*Reprinted from: Developing Skills in Proposal Writing by Mary Hall, Office of Federal Relations, Corvallis, Oregon.

The following publications can be obtained from:

U. S. Department of Health, Education and Welfare
Secretary's Committee on Mental Retardation,
Washington, D.C. 20201

Directory of State and Local Resources for the Mentally Retarded; December, 1969. FREE upon request.

This publication lists, by states, those facilities and other resources which render specific services to the mentally retarded. It gives information about the following types of agencies:

1) Mental Retardation State Coordinating Agencies
2) State Agency Administered Programs Related to the Mentally Retarded
3) Non-Governmental State Resources
4) Clinical Programs for the Mentally Retarded
5) Residential Facilities for the Mentally Retarded
6) Special Facilities

Mental Retardation Publications of the Department of Health, Education, and Welfare, May, 1971. Price: FREE upon request.

This annotated bibliography was prepared by the Secretary's Committee on Mental Retardation for the purpose of providing information about those publications primarily concerned with mental retardation. It also includes a section on "Periodicals" and a section on "Sources of Information."

The following publications can be obtained from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

Monthly Catalog, U.S. Government Publications
Price: .75 per copy except December issue (Index), which varies in price. Subscription Price: $7.00 per year (including Index)

Contains listing of All governmental publications (excepting administrative and confidentaial or restricted). Each issue contains a listing of government authors, which is actually a listing of the individual departments, bureaus, offices and agencies of the Federal Government. Also included in each issue is a preview of documents which are in the process of being printed.

Selected Sources of Inexpensive Mental Health Materials, National Clearing house for Mental Health Information; Chevy Chase, Maryland; 1970. Price: 40¢ per copy - Public Health Service Publication No. 1911.

This directory provides an annotated list of publishers of educational materials in mental health. It also includes an alphabetical listing of organizations; a listing of state and territorial organizational mental health units; and a listing of religious and service organizations.

A Summary of Selected Legislation Relating to the Handicapped; 1971, US Dept. of Health, Education and Welfare, Mrs. Patricia Reilly Hitt, Assistant Secretary for Community and Field Services, Washington, D.C. 20201; October 1971. Price -20¢-NO. 1760-0103

Contains brief summaries of legislation enacted by the 91st Congress which offer specific benefits to physically and mentally handicapped persons. It also contains 2 appendices. Appendix A contains a table which traces the development of each law through the legislative process. Appendix B provides cross references to individual summaries of laws found in the 1963-1967 and the 1968 federal legislative summaries.

The following publications can be obtained from: Office of Federal Relations
Extension Hall Annex
University Campus
Corvallis, Oregon 97331

Developing Skills in Proposal Writing; Mary Hall, September, 1971.
Price: $10.00 per copy

A basic guide to the preparation of proposals. The manual is organized on a step-by-step approach beginning with need

identification and idea development and ending with the project renewal process. Includes proposal development checklist and funding identification checklist; sample forms; and relevant bibliographic information.

Sources of Information on Funds for Education; Second edition, Feb., 1971. Price: $5.00 per copy.

An annotated bibliography of governmental and commercial documents and newsletters providing information on support programs of federal agencies, private foundations, and professional associations.

Federal Notes

Price: $17.00 per year; $12.00 per year bulk rate (10 or more subscriptions)

Newsletter, published 24 times per year, which provides a capsulized summary of activities affecting sources of funds for education.

Foundation Directory, Edition 4, April, 1971.

Price: $12.00 - Order from: Basic Books, Inc., 404 Park Ave.S. New York, New York 10016

This document lists the private foundations in the United States, including the address, the name of the director and the major operating area or areas the foundation is interested in funding. It is prepared in conjunction with the Russell Sage Foundation.

Foundation News, Bi-monthly publication

Subscription Price - $6.00 per year; Order from: The Foundation Center 444 Madison Avenue, New York, New York 10022

This bimonthly magazine provides information about activities of private foundations. Each issue lists recent grants in major fields, giving the name of the foundation making the award, the organization receiving the funds, the amount of the grant, and a brief description of the purposes of the program.

Follow-Through - Project Directory, School Year, 1970-1971; July 1970.

FREE upon request. Order from: U.S. Dept. of HEW, 400 Maryland, Ave. S.W. Washington, D.C. 20202. This directory lists by states, the grant recipient, local director and program sponsor.

Planning for the Evaluation of Special Education Programs, September, 1969. FREE upon request. Order from: Division of Services, Bureau of Education for the Handicapped, U.S. Office of Education, Washington, D.C. 20202.

A resource guide designed to provide assistance to anyone who has the responsibility of making decisions about whether to initiate, promote, introduce, and/or judge a program for handicapped children. Also contains a bibliography of references on evaluation.

Encyclopedia of Associations, Gale Research Company. Price: $20.00 Order from: Gale Research Company, Book Tower, 1249 Washington Blvd., Detroit, Michigan 48226.

Federal Programs Assisting Children and Youth, 1968. Free upon request. Order from: Children's Bureau, Social & Rehabilitation Service, Dept. of Health, Education & Welfare, 330 Independence Ave., S.W., Washington, D.C. 20201.

This booklet summarizes federal funds for programs assisting children and youth, by agencies and categories.

TADScripts are short publications prepared for the First Chance Network. The subject matter drawn from the knowledge, skills, and techniques of the people that work within the First Chance Network and is collected and published by the Technical Assistance Development System.

In 1968 the enactment of the Handicapped Children's Early Education Act authorized the establishment and operation of model early education projects. The responsibility for administering this new program was accepted by the Bureau of Education for the Handicapped, Office of Education. The program is designed to develop and demonstrate effective approaches in assisting handicapped children during their early years and is structured so that other communities can replicate, or adopt, exemplary program components to meet their own needs.

The Bureau of Education for the Handicapped (B.E.H.) has as its overall goal the equalization of educational opportunity for handicapped children by providing the leadership and resources needed to help the handicapped achieve their fullest potential and participate constructively in society to their maximum abilities. The long-range objective of the Handicapped Children's Early Education Program is to stimulate services to all 1,000,000 preschool-aged children by the end of this decade.

Technical Assistance Development System (TADS) was established in Chapel Hill, N.C. by B.E.H. to serve a supportive function for the network of centers. The role of TADS in this system is to provide assistance in whatever phase of their program the centers request help. Some of the services include identifying and providing consultants, holding small group workshops, collecting and dispensing data about the network, and conferring with individual centers and staffs.

This TADScript is distributed pursuant to a grant from the Office of Education, U.S. Department of Health, Education, and Welfare. Grantees undertaking such projects under government sponsorship are encouraged to express freely their judgment in professional and technical matters. Points of view or opinions do not, therefore, necessarily represent official Office of Education position or policy.

TADS

625 W CAMERON AVE

CHAPEL HILL N C 27514